U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	For Official Use Only	
E		

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E					
	0.51				
1. File Number U - 1/1/2/5	2. Fiscal Year Covered From:				
	01 / 01 / 1004 Through: 11 / 31 / 2009				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name WILLIAM R BARGAS	Name DISPLATIVE PLATERS + CEMENT MASERUS # 577				
	Labor Organization File Number 235/192				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 10300 TENRY LANG # 301	Street 4515 W 41 57 AVE				
City THORNTON	City DENOGRA COLORADO				
State (0/04400 ZIP Code + 4 80220	State Calenato ZIP Code + 4 80212				
Enter appropriate data below if, during the past fiscal year, you or your spouse or mirror child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
(except as specified in the exclusive states)	sions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	sions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with or of	sions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the Instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	sions set forth in the Instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	sions set forth in the Instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	sions set forth in the Instructions): derived Income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.				
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +, 4. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompany).	January and other applicable penalties of the law, that all of the information of documents) has been examined by the signatory and in to the host of the				
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code +, 4- ZIP Code +, 4- Signature and verification. The undersigned declares, under penalty of P	January and other applicable penalties of the law, that all of the information of documents) has been examined by the signatory and in to the host of the				

Name of Person Filing		File Number U -			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	s			
8. Name and address of Business (including trade name, if any). Name COMPUSUS OF COLORAGO, INC. Trade Name, if any: THILS PARTY ADMINISTRATORS P.O. Box, Bldg., Room No., if any Street LSAIS. PARKER ROAD, SUITE 1005 City AURORA State Colorago ZIP Code + 4 SDO14	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. #577 Name OPERATIVE PLASTERS + CENTON MUSAUS Trade Name, if any: UNION P.O. Box, Bldg., Room No., if any Street 4515 W 4157 AVE City DENGER State COLORADO ZIP Code + 4 802/2	11.a. Nature of such dealing. WORNING LUNCH AT TRUST MESTING. WORKING LUNCH STON CHECK TRUST. IN 11 WORNING LUNCH TO DISCUSS NOW HEALTH PLANT OF MORNING LUNCH TO DISCUSS FOR TRUST. IN 13 WORNING LUNCH AT TRUST MEETING. IS 13 WORKING LUNCH AT TRUST MEETING. IS 9. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. WORNING BECANFAST TO SIGN CHECKS FUND. IS 16 WORNING BECANFAST TO SIGN CHECKS FUND. IS 16 WORNING BREAKFAST TO SIGN CHECKS FUND. IS 16 WORKING BREAKFAST TO SIGN CHECKS FUND. IS 18 WORKING BREAKFAST TO SIGN CHECKS FUND. IS 18 WORKING BREAKFAST TO SIGN CHECKS FUND. IS 18 WORKING LUNCH AT TRUST MEETING. IS 12				
	12.b. Amount.	59			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				